

REPORT TO THE
SENATE APPROPRIATIONS COMMITTEE
ON HEALTH AND HUMAN SERVICES
HOUSE OF REPRESENTATIVES APPROPRIATIONS SUBCOMMITTEE
ON HEALTH AND HUMAN SERVICES
THE FISCAL RESEARCH DIVISION
AND
THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON
MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND
SUBSTANCE ABUSE SERVICES

ON

LOCAL MANAGEMENT ENTITIES
CRISIS SERVICE PLANS
Session Law 2006-66
Senate Bill 1741, Section 10.26. (f)

February 28, 2007

NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND
SUBSTANCE ABUSE SERVICES

A Report on LME Crisis Service Plans

The General Assembly passed Senate Bill 1741, Section 10.26 (Session Law 2006-66) that appropriated funds and gave legislative requirements regarding the planning and development of a continuum of crisis services for mental health, developmental disabilities, and substance abuse consumers of all ages who are in need of crisis services. This report covers the actions that have been taken since passage of this legislation through December 31, 2006 to carry out the provisions of Section 10.26.

Section 10.26(a) Of the funds appropriated in this act to the Department of Health and Human Services, the sum of five million two hundred fifty thousand dollars (\$5,250,000) for the 2006-2007 fiscal year shall be allocated on a per capita basis and shall be used by area authorities and county programs for operational start-up, capital, or subsidies related to the development and implementation of a plan for a continuum of regional crisis facilities and local crisis services ("crisis plan"). Funds not expended during the 2006-2007 fiscal year shall not revert to the General Fund but shall remain available for the purposes outlined in this section. As used in this section, the term "crisis" includes services for individuals with mental illnesses, developmental disabilities, and substance abuse addictions.

These funds (\$5,250,000) for implementation of crisis services will be allocated after each LME has submitted its crisis service plan for approval by the Secretary of the Department of Health and Human Services (DHHS) as required by Section 10.26(e) on page four of this report. If the Secretary approves the local crisis services plan, the Local Management Entity (LME) shall receive implementation funding. Development of these plans is underway. All plans are to be submitted for review and approval no later than March 1, 2007.

Section 10.26(b) Of the funds appropriated in this act for consultants to aid the Division and LMEs to the Department of Health and Human Services, the sum of two hundred twenty-five thousand dollars (\$225,000) for the 2006-2007 fiscal year shall be used by the Department to enter into one or more personal service contracts to provide technical assistance to Local Management Entities to develop and implement the crisis plans required under subsection (a) of this section. In addition to any other factors the Department determines are relevant when selecting the consultant, the Department shall take into consideration whether an applicant has prior experience evaluating crisis services at a local, regional, and statewide level, prior experience assisting State and local public agencies develop and implement crisis services, and the ability to implement its responsibilities within the time frames established under this section. Funds not expended during the 2006-2007 fiscal year shall not revert to the General Fund but shall remain available for the purposes outlined in this subsection.

A request for proposals (RFP NO. 30-MH3120-07) was issued by DHHS on September 6, 2006 with a response date of September 27, 2006 for a consultant or consultants to provide technical assistance to LMEs to develop and implement plans for a continuum of regional crisis facilities and local crisis services. The Technical Assistance Collaborative (TAC) was selected after review of the proposals. A contract in the amount of \$245,900 for consultation and technical assistance through June 30, 2008 with TAC was formally executed effective November 29, 2006. TAC consultants meet with the Division's Assistant Director, the Chief of Community Policy Management Section, and the Best Practice Team leader on December 19, 2006 to discuss the initial tasks in the TAC contract. These tasks included the development of templates for

regional and local crisis planning and the scheduling of a meeting for January 19, 2007 with LME directors and staff who will be coordinating regional crisis service plans. Scheduling was also done for 3 one day meetings (February 5-7, 2007) for LMEs located in the West, Central and Eastern parts of the State. The focus of these meetings will be to discuss local planning that is underway and to provide information about preparation of the crisis service plans that are to be submitted by March 1, 2007.

Section 10.26(c) No later than August 15, 2006, the Secretary shall designate between 15 and 25 appropriate groupings of LMEs for the development of regional crisis facilities. As used in this section, the term "regional crisis facility" means a facility-based crisis unit that serves an area that may be larger than the catchment area of a single LME, but that provides adequate access to a facility by all consumers in the State. The Secretary shall consult with LMEs in determining the regional groupings. The Secretary shall also take into consideration geographical factors, prior LME groupings and partnerships, and existing community facilities.

All LMEs were consulted regarding the LMEs with which they wished to partner regarding the development of regional crisis facilities. (Memorandum dated July 7, 2006 from Mike Moseley to LME Directors). Responses were received from all LMEs. On August 10, 2006, the Secretary designated fifteen groupings of LMEs for the purpose of planning how to address the development of regional crisis services that are needed. Each of these crisis service planning groups identified a lead person to represent their LME or group of LMEs.

The groupings are as follows: (1) Alamance-Caswell-Rockingham, Durham, Five County, OPC; (2) Albemarle, Tideland; (3) Catawba, Crossroads, Foothills, Pathways; (4) CenterPoint; (5) Cumberland, Johnston, Southeastern Regional, Wake; (6) Eastpointe; (7) Edgecombe-Nash, Neuse, Pitt, Roanoke-Chowan, Wilson-Greene; (8) Guilford; (9) Mecklenburg; (10) New River; (11) Onslow-Carteret, Southeastern Center; (12) Piedmont; (13) Smoky Mountain; (14) Western Highlands; (15) Sandhills.

In addition, each LME was requested to submit an inventory of current crisis services. These inventories were received from all LMEs by DMH/DD/SAS in early September and are being used by the LMEs, TAC, and the Division to explore current crisis service capacity and additional services that are needed.

SECTION 10.26 (d). With the assistance of the consultant the area authorities and county programs within a crisis region shall work together to identify gaps in their ability to provide a continuum of crisis services for all consumers and use the funds allocated to them to develop and implement a plan to address those needs. At a minimum, the plan must address the development over time of the following components: 24-hour crisis telephone lines, walk-in crisis services, mobile crisis outreach, crisis respite/residential services, crisis stabilization units, 23-hour beds, facility-based crisis, in-patient crisis, and transportation. Options for voluntary admissions to a secured facility must include at least one service appropriate to address the mental health, developmental disability, and substance abuse needs of adults, and the mental health, developmental disability, and substance abuse needs of children. Options for involuntary commitment to a secured facility must include at least one option in addition to admission to a State facility.

If all area authorities and county programs in a crisis region determine that a facility-based crisis center is needed and sustainable on a long-term basis, the crisis region shall first

attempt to secure those services through a community hospital or other community facility. If all of the area authorities and county programs in the crisis region determine the region's crisis needs are being met, the area authorities and county programs may use the funds to meet local crisis service needs.

TAC consultants are working with DMH/DD/SAS staff with input from LMEs regarding the development and use of templates for the regional and local crisis services plans. These templates will help ensure that each plan includes all appropriate stakeholders in the planning process, addresses all of the legislative requirements for the plans, and presents information about available and needed funding to implement the plans in a consistent way.

SECTION 10.26 (e) Each LME shall submit its crisis services plan to the Secretary for review no later than March 1, 2007. The plan shall take into consideration and attempt to utilize all other sources of funds in addition to the funds appropriated under this section. The Secretary shall review each plan to determine whether it meets all the requirements of this section. If the Secretary approves the plan, the LME shall receive implementation funding.

The Department may allocate up to three percent (3%) of the funds appropriated under subsection (a) of this section to LMEs to assist them with the cost of developing their crisis services plans.

These legislative requirements [Section 10.26 (d) and 10.26(e)] will be incorporated into a uniform template to be used for all of the crisis service plans.

SECTION 10.26(f) LMEs shall report monthly to the Department and to the consultant regarding the use of the funds, whether there has been a reduction in the use of State psychiatric hospitals for acute admission and any remaining gaps in local and regional crisis services. The consultant and the Department shall report quarterly to the Senate Appropriations Committee on Health and Human Services, the House of Representatives Appropriations Subcommittee on Health and Human Services, the Fiscal Research Division, and the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services regarding each LME's proposed and actual use of the funds appropriated under this section. The reporting requirements under this subsection shall expire July 1, 2008.

This report covers the first two quarters of fiscal year 2006-2007. Quarterly reports regarding use of crisis funds, use of State hospitals for acute admissions, and remaining gaps in crisis services will be submitted by May 31, 2007 and August 31, 2007.